

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**

Appl. No. 09/960,749  
Amendment dated September 24, 2003  
Reply to Office Action mailed June 5, 2003

Amendments to the Specification:

Please replace the paragraph beginning on line 19 of page 6 of the specification with the following amended paragraph:

*A.* Further features of the invention, its nature, and various advantages will be more apparent from the accompanying drawings and the following detailed description.

Please replace the paragraph beginning on line 1 of page 13 of the specification with the following amended paragraph:

*A2* FIG. 2 3 illustrates, for example, transseptal catheterization apparatus 200 having a positioning guide 220 for reversible placement of an implant device 210 in an atrial appendage, and a securement means 230 for restraining inadvertent or uncontrolled movement of a septum-traversing access sheath 240.

Please replace the paragraph beginning on line 11 of page 13 of the specification with the following amended paragraph:

*A3* Access sheath 240 may form an outer tubular structure of catheterization apparatus 200. Rigid biocompatible tube materials such as metals and plastics may

be used to fabricate access sheath 240. However, access sheath 240 may be sufficiently flexible for it to course through blood vessels leading to the heart. Access sheath 240 may have an outer diameter at distal end 242 suitable for percutaneous passage to the heart through readily accessible blood vessels, for example, the femoral veins.

---

*cr4*  
*Q3*

Please replace the paragraph beginning on line 21 of page 13 of the specification with the following amended paragraph:

*Q4*

One end (proximal end) of access sheath 240 is attached to handle manifold 250. Inflatable securement means 230 is disposed on or built into access sheath 200 240 toward its distal end. Securement means 230 may be reversibly inflated, for example, by pressurizing fluids injected through inflation port 254 disposed on manifold 250.

---

Please replace the paragraph beginning on line 33 of page 14 of the specification with the following amended paragraph:

*Q5*

Positioning guide 220 disposed on the distal end of positioning tube 270 may have a compact state from which it may be reversibly expanded to an expanded state. FIG. 2 3 shows for purposes of illustration an exemplary positioning

guide 220 in its expanded state. Expanded positioning guide 220 has a structural configuration with four extended fingers 222 suitable for engaging or contacting atrial walls for mechanical support to stabilize the position of positioning tube 270. The four extended fingers shown in FIG. 3 have a size which substantially larger than the diameter of delivery tube 260. However, it will be understood that positioning guide 220 is passable through delivery tube 260 only when the former is in its compact retracted state. Positioning tube 270 may include means such as a trip wire, a push rod, a retractable sleeve, or other suitable means to reversibly deploy positioning guide 220. Positioning tube 270 itself may, for example, serve as a push rod, in which case positioning guide 220 may be expanded or contracted by respectively advancing or retracting positioning tube 270 through delivery tube 260.

*CV  
AS*

Please replace the paragraph beginning on line 21 of page 15 of the specification with the following amended paragraph.]

The inner diameter of positioning tube 270 is sized to be sufficiently large to accept and allow passage of compacted implant device 210 attached to one end of a device shaft 280. Implant device 210 may, for example, be any one

of the self-expanding or inflatable filtering devices disclosed U.S. patent application No. 09/428,008, U.S. patent application No. 09/614,091, U.S. patent application No. 09/642,291, U.S. patent application No. 09/697,628, and U.S. patent application No. 09/932,512, all of which are hereby incorporated by reference herein. Device shaft 280 may be a conventional catheter shaft having conventional fixtures for device attachment. Device shaft 280 may, for example, have a solid or tubular structure made of solid metals, metal braids, solid polymers, polymer braids, or any suitable combination thereof. Shaft 280 may enclose other tubes or structures that may be required for device deployment. For example, device shaft 280 may include some a lumen for supplying fluids for inflation of an expandable balloon in a balloon-inflatable type of device 210.

*ccv  
AS*

Please replace the paragraph beginning on line 21 of page 17 of the specification with the following amended paragraph:

*AC*

After access sheath 240 is secured against septum 310 by inflated securement means 230, and delivery tube 260 is introduced into left atrium 320, positioning tube 270 with positioning guide 220 in its compact state is advanced through delivery tube 260 into left atrium 320. Positioning

*CH  
AC*

tube 270 is advanced sufficiently into left atrium 320 so that positioning guide 220 butts up against or is very close to ostium 410. Positioning guide 220 is then deployed so that it engages surface portions of the atrial wall 430 surrounding ostium 410. In FIG. 5, directions A figuratively depict the motion of fingers 222 during the deployment of guide 220. During the deployment fingers 222 move from a contracted configuration alongside positioning tube 270 to an expanded configuration with fingers 222 spread radially outward. Fingers 222 in the expanded configuration engage atrial wall 430 for mechanical support. By engaging or contacting atrial wall 430 positioning guide 220 mechanically stabilizes the position of tubes 260 and 270 relative to that of atrial appendage 420. Implant device 210 attached to shaft 280 may be delivered to a location within atrial appendage 420 simultaneously with the delivery of positioning guide 220 to a location butting up against or is very close to ostium 410. Alternatively, implant device 210 may be delivered after positioning guide 220 has been deployed to engage atrial walls 430 for mechanical support. The location of device 210 may be adjusted by sliding shaft 280 through the stabilized pathway provided by positioning tube 270 held

Appl. No. 09/960,749

Amendment dated September 24, 2003

Reply to Office Action mailed June 5, 2003

*con*  
*Ac*  
in relatively fixed position by deployed positioning  
guide 220.